

Saddleback Valley Unified School District

25631 Peter A. Hartman Way, Mission Viejo, CA 92691

**Residency Verification Form*****For continuing students who have moved or whose address has changed***

The Saddleback Valley Unified School District may ONLY enroll students whose Parent(s) or Guardian(s) reside within school district boundaries (Education Code 48204). This form has been provided to help us verify the location of your residence. In cases in which residency is in question, the Office of Pupil Services can investigate by making a home visit. **Residency verification is a parent responsibility and falsification of information provided on this document will be grounds for immediate cancellation of enrollment.** School site administration has the authority to approve/deny requests based on available space, unsatisfactory attendance and/or behavior. Please attach copies of the information requested below so that we may update your address and determine whether your student is eligible to stay at their current school.

Student Name (Last, First)	Date of Birth	Current Grade	Date
Current School			
Parent/ Guardian Name (Last, First)	Home Phone	Cell Phone	
Old Address (street, city, zip)		School assigned to address	
New Address (street, city, zip)		School assigned to address	
I wish to remain at current school <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Please check the box below indicating the two forms you will submit as residency verification that reflect your name and the new current address you list above:			
<input type="checkbox"/> Current Electric bill <input type="checkbox"/> Current Gas bill <input type="checkbox"/> Current Water bill <input type="checkbox"/> Lease or Rental Agreement <input type="checkbox"/> I am a renter and do not pay utilities because they are included in my rent. <input type="checkbox"/> I will provide a letter from the lessor and/or a copy of the rental agreement stating that utilities are included. <input type="checkbox"/> I am renting/sharing a home (a completed Co- Residency Affidavit form must be attached) <input type="checkbox"/> I will complete and attach a Co – Residency Affidavit Form			
Parent/Guardian Signature: _____			

OFFICE USE ONLY* OFFICE USE ONLY*** OFFICE USE ONLY*****Approved ☐ Denied ☐ Comments: _____

Principal/Principal's Designee Signature: _____ Date: _____

Co-Residency Affidavit Form

The primary resident/owner of the shared home is required to complete this section and attach a copy of the following items:

- ☐ His/Her driver's license or passport with photo ID
- ☐ Two current utility bills to prove residency with his/her name and address
 - ☐ Current electric bill
 - ☐ Current gas bill
 - ☐ Current water bill

I, _____ (primary resident/owner) declare that I am the primary resident/owner of the address listed on the Residency Verification Form and that the person(s) claiming the address on the Residency Verification Form reside(s) with me at least (5) days per week. I further declare that all of the information provided in the Residency Verification Form, including information provided by the parent(s)/guardian(s), is true and correct. I understand that home visitation and/or residency verification is a part of a periodic process to confirm residency established by a Residency Verification Form. I will submit the required pieces of evidence to verify my residency. I agree to notify the Saddleback Valley USD if there is any change in the status of the residency of the persons listed on the Residency Verification Form or myself.

I certify under penalty of perjury that the foregoing is true and correct.

Executed on the date below in the County of _____, California.

Date _____

***In order to validate the residency form, the signature of the Primary Resident/Owner must be signed in front of an SVUSD employee or a public notary.**

Subscribed and sworn to before me this _____ day of _____, 20____
(date) (month) (year)

SVUSD Employee Witness